

# Old Agency District

45644 Veterans Memorial Drive  
PO Box 766 ~ Agency Village SD 57262  
Phone: (605) 698-7747 ~ Fax: (605) 698-4216

## Elderly Energy Assistance Guidelines and Check List

1. Applicant must be an enrolled member of the Sisseton-Wahpeton Oyate.
2. Applicant must be an adult registered member of the Old Agency District.
3. First priority will be given to those who are not receiving state energy assistance and those who are not eligible for state energy assistance.
4. The maximum allowed **per household** is \$500 per year, not per district member.
5. Applicant must attach to their application a copy of their most recent utility or heating bill.
6. The billing statement must be the same address as indicated on the application.
7. Payment will be made payable to your provider.
8. If your utilities and heating costs are included as part of your monthly rent, verification from your landlord must be also submitted. In this case, payment will be made payable to the landlord.
9. If you are renting and your heating and utilities costs are paid by the landlord, you will not be eligible for this assistance.
10. Any false statements made on the application may warrant the applicant being ineligible to receive energy assistance the following year along with possible recapture of total funds allocated.

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## Elderly Energy Assistance Application

Applicant Information						
First Name			MI	Last Name		
Mailing Address			City	State	Zip Code	County
Date of Birth	Disabled?	Marital Status	Total in House	Social Security Number		
Home Phone	Cell Phone		Work Phone		Email Address	
Physical Address if different than mailing address.						
Other Household Members						
Name	Age	Relationship	Disabled	Student		
Energy Assistance Information						
Has this household received Energy Assistance in 2013 or 2014?				_____ Yes		_____ No
If yes:		When? _____		Amount \$ _____		
Type of Housing:				_____ Own		_____ Rent
Name of Landlord		Landlord Address		Landlord Phone Number		

Does your rent include heating and utility expenses? _____ Yes _____ No				
Does your landlord pay the heating and utility expenses? _____ Yes _____ No				
Name of Provider		Provider Address		Provider Phone Number
Account Number	Electric?	Propane?	Fuel Oil?	Other (Specify)
<b>Applicant Certification</b> (Read this certification carefully before you sign and date your application. Sign in ink).				
I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. I understand any misrepresentation regarding this information may result in denial of financial assistance and may lead to the recapture of the total amount of funds allocated. I am aware that any fraudulent statements made in this application can be legal grounds for prosecution by any agency of the government using this application as a basis for assistance.				
Applicant's Signature			Date	
<b>For Office Use Only</b>				
Date (Approved) (Denied):	(Approved) (Denied) By:			
Check Date	Check Number		Date Check Mailed	
If Denied, State Reasons:				